

**2019 Orange County Council  
Cub Scout Day Camp  
Keystaff Camper Registration**

To be turned in by the keystaff member  
for the camper they are sponsoring  
A Medical Form is also required  
[daycamps.ocbsa.org/medical.htm](http://daycamps.ocbsa.org/medical.htm)

**Keystaff Member Information** The keystaff member must be registered as a staff member before this will be processed.

Name \_\_\_\_\_  
District (Camp) \_\_\_\_\_ Unit type and number \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Camper Information**

Name \_\_\_\_\_  
District (Camp) \_\_\_\_\_ Unit Type and Number \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Current Rank \_\_\_\_\_ Rank Fall 2019 \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_  
Birth date \_\_\_\_\_ Age at Camp \_\_\_\_\_ Boy \_\_\_\_\_ / Girl \_\_\_\_\_

Is there a major medical issue? . . . . . Yes \_\_\_\_\_ / No \_\_\_\_\_

Everyone at camp needs to give a hard copy of the form with a copy of their insurance card to the camp director. You can download the PDF medical form at: [daycamps.ocbsa.org/medical.htm](http://daycamps.ocbsa.org/medical.htm)

Mothers Name (First and Last) \_\_\_\_\_  
Mothers Phone \_\_\_\_\_  
Fathers Name (First and Last) \_\_\_\_\_  
Fathers Phone \_\_\_\_\_

**Emergency Contact 1 - Required - (Not a Parent)**

Name (First and Last) \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact 2 (Not a Parent)**

Name (First and Last) \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

T Shirt Size YM \_\_\_\_ YL \_\_\_\_ AS \_\_\_\_ AM \_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extra T Shirts (\$10 each) \_\_\_\_ (Extra shirts are not part of a key staff campership)  
**Total** \_\_\_\_\_